

**KENTUCKY BOARD OF NURSING**  
**312 Whittington Parkway, Suite 300**  
**Louisville, KY 40222-5172**

**ADVANCED PRACTICE NURSING PROGRAM RECORD**

*To be submitted to KBN within 30 days of appointment, along with current CV and letter of appointment from a college official*

**Submitted By:** \_\_\_\_\_ **Campus/Location:** \_\_\_\_\_  
Name of College/University- DO NOT ABBREVIATE

**Type of Program:**  DNP/APRN  MSN/APRN

**Website Address of Nursing Program:** \_\_\_\_\_

**Type of Appointment:**  APRN Coordinator  Interim APRN Coordinator  Track Coordinator: \_\_\_\_\_  
Population  
 Nurse Faculty

**Name of Appointee: (Name as it appears on individual's nursing license)**

\_\_\_\_\_ Last Name First Name Middle Name Maiden Name

**Appointment Date (mm/dd/yy):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Employment Status:**  Full-Time  Part-Time  Adjunct

**RN License #:** \_\_\_\_\_ **Compact License:**  Yes  No **State of Primary Residence:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

**APRN License #:** \_\_\_\_\_ **Date of Licensure as APRN:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

**APRN Population Focus:** \_\_\_\_\_

**Certification:** \_\_\_\_\_

**Certification Agency:** \_\_\_\_\_

**Certification Expiration:** \_\_\_\_\_

**License(s) has been verified on line at the appropriate Board of Nursing:**  Yes  No

**License(s) is Active & Unencumbered:**  Yes  No, Explain: \_\_\_\_\_

**"Earned" Nursing Educational Degrees: (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Diploma- School: _____ Yr: ____   | <input type="checkbox"/> Masters in Nsg- School: _____ Yr: ____           |
| <input type="checkbox"/> Associate- School: _____ Yr: ____ | <input type="checkbox"/> Post Masters Cert.: _____ Yr: ____               |
| <input type="checkbox"/> Bachelors- School: _____ Yr: ____ | <input type="checkbox"/> Doctorate in Nsg- School: _____ Yr: ____         |
|  | <input type="checkbox"/> Doctorate in Other Field- School: _____ Yr: ____ |

**Additional "Earned" Non-Nursing Education Obtained:**

|                    |        |                |
|--------------------|--------|----------------|
| College/University | Degree | Degree Awarded |
| _____              | _____  | Yr: ____       |

The "Criteria for Evaluation of Nurse Practitioner Programs," which is utilized to meet the standards of the accrediting agencies accepted by the KBN (201 KAR 20:062), states "An APRN program shall comply with the standards of its national nursing accrediting body." An APRN Program Coordinator shall have the following qualifications:

**APRN Programs**

|   |   |
|---|---|
| 1 | A current, active, unencumbered APRN license or privilege to practice in Kentucky.  |
| 2 | The Program Director/Coordinator shall be nationally certified in at least one designation/population focused area.                         |
| 3 | The faculty member of multi-track programs, who provides direct oversight for a population focused track, shall be certified in that track. |
| 4 | Provide Curriculum Vitae.   |

*I certify that the information is correct and complete to the best of my knowledge.*

\_\_\_\_\_  
**Signature of Appointee/Licensee** **Date**

***Please Include:*** copy of current CV **AND** letter of appointment on letterhead from a college/university official